

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1334

63-042989
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF
R. W. Kieber, M.D., CERTIFICATION

FILED NOV 26 1963

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
Length of stay in 1b life		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Methodist Hospital		d. STREET ADDRESS (If outside, give location) 2918 Olive	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) JON CHARLES POWELL		4. DATE OF DEATH Month November Day 16 Year 1963	
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/14/1963
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant		10b. KIND OF BUSINESS OR INDUSTRY -----	
11. BIRTHPLACE (City and state or country) St. Joseph, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Aaron L. Powell, Jr.		13b. MOTHER'S MAIDEN NAME Janice Lyon	
14. NAME OF HUSBAND OR WIFE Aaron Powell, Jr., St. Joseph, Mo.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of -----)	
16. SOCIAL SECURITY NO. -----		17. INFORMANT Aaron Powell, Jr., St. Joseph, Mo.	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Hyaline Membrane Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ----- DUE TO (c) ----- PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pulmonary atelectasis		INTERVAL BETWEEN ONSET AND DEATH 10-17-63	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) -----		20c. TIME OF INJURY Hour ----- a.m. ----- p.m. Month, Day, Year -----	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) -----	
20f. CITY, TOWN, OR LOCATION St. Joseph		COUNTY Missouri STATE -----	
21. I attended the deceased from 10-14-63 to 11-16-63 and last saw ^{when} him alive on 11-16-63 Death occurred at 2:30 p. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Robert W. Kieber, M.D.		22b. ADDRESS St. Joseph Mo	
22c. DATE SIGNED 11-19-63		23a. BURIAL, CREMATION, REMOVAL (Specify) burial	
23b. DATE 11/18/1963		23c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	
23d. LOCATION (City, town, or county) St. Joseph		23e. STATE Missouri	
24. FUNERAL DIRECTOR Nelson Bowman		ADDRESS St. Joseph, Mo.	
25. DATE RECD. BY LOCAL REG. Nov. 20, 1963		26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell	

USE BLACK INK
OR
TYPEWRITER RIBBON

Permit issued 11-18-63

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2114
0009

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th, H. Joseph, new

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.